C+D

AstraZeneca delays distribution deal

Hunt departs as ministerial merry-go-round continues

- Businesses bounce back from floods
- Introducing Hawkeye, our weekly web-watcher

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C+D

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News

Opinion

Clinical

Products & Marketing

Features

Classified & recruitment

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Recycle

Flood-hit pharmacy puts on a brave face despite devastation

More than £70,000 of stock and seven years of records destroyed by rising floodwater

Emma Wilkinson

Heavy flooding has left a Sheffield pharmacy facing up to six months of disruption. Although business is back up and running at Wicker Pharmacy, managing director Martin Bennett said the damage is far-reaching.

Surging floodwater ruined between £70,000 and £80,000 of stock in the pharmacy's cellar, Mr Bennett said. The goods included 80 to 90 litres of methadone.

Water is still being pumped out of the pharmacy, which won last year's C+D Platinum Design Award. Seven years of company records have been destroyed and loss adjustors have yet to visit to examine the extent of the damage, he told C+D.

In one of the cellar rooms there is an inch of sludge that will have to be cleaned out by external contractors, and lack of storage is likely to be a big problem for the business in the coming months.

"You get 90 per cent of everything up and running and think 'great, we're there' but then it hits you that you've just scratched the surface.

"We're going to be living hand to mouth. It may mean we run out of stock – although we get regular deliveries – and we can't take advantage of special offers because we can't store anything."

He added it was difficult to find contractors to carry out repair work or even spare dehumidifiers as services in Sheffield are stretched to breaking point."It's going to be a long drawn-out process but the staff have been fantastic," he said.

For more flood pictures, turn to page 10

The Wicker Pharmacy could still be counting the cost of the flooding for up to six months

Hunt goes as pharmacy minister

Lord Hunt has left his post as pharmacy minister after just six months in the job.

He becomes the third minister to depart the position in just over a year in a reshuffle announced by Prime Minister Gordon Brown this week. The Department of Health could not confirm Lord Hunt's replacement as C+D went to press. However, internationally renowned surgeon Professor Sir Ara Darzi will take over the pharmacy portfolio in the House of Lords and is strongly tipped to take up the vacant post in the Commons.

Professor Darzi is an advocate of greater access to healthcare through innovation and could become a strong supporter of a greater role for pharmacies – one of the priorities set out by the Prime Minister. Downing Street said Prof Darzi would work four days a week as health minister, continuing to spend Fridays in surgery.

He will be paid for three days' work – worth about £42,000 a year – and will no longer be paid a salary by the NHS. The income from his private work will fund research.

The Prime Minister's spokesman said: "Professor Darzi is a world-renowned surgeon and has great experience of leading change in the NHS." **CB**

Health secretary sets sights on expanding services

Alan Johnson, the new health secretary, has told MPs there is room for an enhanced role for pharmacies in the opening of access to primary care.

Mr Johnson, who has replaced Patricia Hewitt, said: "We can go much further in relation to access to services in primary care."

Gordon Brown has underlined his determination to get more value for money from primary care and he has acknowledged that one of the best ways of achieving it is through community pharmacies doing more routine checks. There is likely to be money in the comprehensive spending review in the autumn for Mr Johnson to expand services.

• Pharmacists will be invited to air their views on the NHS as part of a national review led by Professor Sir Ara Darzi. The review will report in October and could lead to a new NHS constitution, C+D has learned.

May 2006

Andy Burnham appointed to the post after Jane Kennedy quits in a government reshuffle triggered by public protests over the NHS

January 2007

Lord Hunt, returns for his second spell in the post as Mr Burnham bows out as pharmacy minister after just seven months

July 2007

Professor Sir Ara Darzi is tipped to step into the hot seat after Lord Hunt is moved to the Department of Justice by Gordon Brown

Step-by-step guide to PBC

C+D has teamed up with the NPA to provide pharmacists with a step-by-step guide to practice-based commissioning (PBC).

In the run up to PBC awareness week in September (24-28) we will publishing everything you need to know about submitting a proposal t your local PBC team.

COPD, weight management, falls prevention and sexual health service will all be covered by the expert guide. Easily adaptable templates w be available to help ease the administrative burden associated with placing a PBC bid.

Stephen Fishwick, NPA head of NHS service development, said: "We hope PBC awareness week will nudg pharmacy on to the starting block." He added: "We have chosen these areas as they should appeal to practice-based commissioners because they potentially reduce hospital admissions. Hopefully the templates and guidance will take some of the mystery out of PBC and encourage pharmacy engagement."

PBC week
September 24-28

AstraZeneca puts brakes on direct supply scheme

Tom Hawkins

AstraZeneca drugs will be available from wholesalers for the rest of 2007 after the pharmaceutical firm delayed the rollout of its agency distribution scheme until next year.

In a letter intended to reach pharmacists on Tuesday, AstraZeneca (AZ) explained that the service has been postponed until early 2008. Andy Carr, AZ supply chain director, described the move as a "mature decision".

He told C+D it would provide more time to consult with pharmacists to ensure the delivery system met customer and patient needs. He said: "The more you test, the more certainty you have that things are right; that they are going to be robust."

He added: "As you go through any project, you uncover things you hadn't foreseen."

AZ said it was pleased with the progress being made with its agency partners AAH and UniChem. Over the next six months, development work will continue to enable data to flow between the two distributors.

Details of the proposed scheme's discount structure are still under review, AZ said.

Pharmacy groups welcomed the delay but took the opportunity to reiterate concerns over changes to the medicines supply chain. Lindsay McClure, head of information services at PSNC, said it has met with AZ and "explained this in detail to them".

Paul Smith, chief executive of wholesaler Phoenix, which was not chosen as an agency partner, said it was a "brave decision" for AZ to delay implementation and that it would be likely to result in a better thought out scheme in the long term.

However, Mr Smith warned that direct to pharmacy distribution deals ultimately added to the administrative pressure on pharmacists.

"They want them [pharmacists] to be more involved in the healthcare agenda but they've also got to check that invoices are sorted out and that the VAT's claimed," he said.

The Office of Fair Trading (OFT) launched an investigation into medicine distribution on April 4 as a result of "recent and proposed" changes, including the Pfizer DTP arrangement.

The OFT intends to examine motivation for the direct to pharmacy model and its impact on competition and choice in wholesaling. The report is expected by the end of the year.

For more information on the AZ scheme contact AstraZeneca on 01582 837837 or email customer.services@astrazeneca.com

Steve Dunn says supply chain change can be good for all, see p19 ›

David Coles: no regrets on Pfizer

UniChem managing director David Coles has hit back at critics of his company's supply deals with Pfizer and AstraZeneca.

Mr Coles slammed the "knee jerk negativity" levelled at direct to pharmacy schemes in an exclusive interview with C+D.

The UniChem chief said he had no regrets over the company's controversial decision to become sole distributor for Pfizer products last September. He said: "It was very challenging to be totally at odds with the rest of the distribution environment. It was uncomfortable, but I couldn't see where a negative outlook would lead. Our approach has been to try and understand and engage with change."

The UniChem chief dismissed warnings at last month's BAPW conference that direct to pharmacy schemes could distort the power of big pharma.

Manufacturers wanted closer ties with pharmacy and would offer extra training packages, he claimed.

Mr Coles quashed any chance of a return to the BAPW. The organisation's "negative behaviour in public" towards UniChem and Pfizer had "burned all bridges", he said.

Such is the importance of the shift in wholesaling, that Mr Coles said he would "be asking questions of myself, my team and my company's view", if he was at the helm of a wholesaler without a direct to pharmacy deal. MG

Challenging times: UniChem chief David Coles says the firm has engaged with change

...se and personal ...n David Coles. See ... this week's C+D ›

News in brief

Drug safety

The National Patient Safety Agency has published a report on medicine safety incidents in the NHS on the basis of 60,000 reported mistakes or near misses over an 18-month period. The medicines most frequently associated with severe harm were opioids, anticoagulants, anaesthetics, insulin, antibiotics (allergy related), chemotherapy, antipsychotics and infusion fluids. www.npsa.nhs.uk

Registers go to extra time

Pharmacists will need more time to introduce controlled drugs registers, the NPA has warned. In a submission to the consultation on changes to CD regulations, the NPA said the current deadline of January 2008 should be extended to a longer transition period. www.npa.co.uk

PSNC voices CD concern

PSNC is concerned that proposed amendments to the Misuse of Drugs Regulations would fail to cover requisitions by out-of-hours centres and other organisations that obtain controlled drugs from hospitals. The organisation broadly welcomed the proposed amendments, but argued that this weakness should be addressed as soon as possible. www.psnc.org.uk

NRT sales up 195 per cent

Boots claims it recorded a 195 per cent rise in sales of NRT products on the first day of the smoking ban. Other multiples were unavailable to comment as C+D went to press. However, straw polls of independents indicated a strong uptake in business since the ban.

UniChem reassures

UniChem managing director David Coles has written to independent pharmacists to say that they remain at the heart of the company's strategy. The letter follows the completion this week of parent group Alliance Boots' acquisition by private equity firm Kohlberg Kravis Roberts.

Robot reminder

A product design student at Grays School of Art, Robert Gordon University, has developed a system to remind people to take their medicine. Sean McFleat designed 2Rememdium to alert the user when to take what medication, and at what dosage.

MP vows to keep switch debate alive

STOP THE SWITCH

Early day motion calls for House of Commons debate on reclassification

Max Gosney

MPs have vowed to go on fighting for pharmacy as the consultation on making pseudoephedrine and ephedrine medicines prescription-only closed last week.

Howard Stoate, chair of the all-party pharmacy group, tabled an early day motion (EDM) calling for a House of Commons debate on reclassification plans.

The Dartford MP, who also led an independent inquiry into the MHRA's switch proposals, pledged to keep the issue alive in Westminster. His EDM claims community pharmacists have "the necessary skills and training to ensure that products containing ephedrine and pseudoephedrine are dispensed safely".

The move puts further pressure on the MHRA's proposal to remove pseudoephedrine and ephedrine-containing products from general sale.

The UK's drugs regulator admitted "surprise" at the level of opposition to its switch proposals, including a 1,500-strong C+D petition. Amanda Bryan, who is collating responses to the consultation, said investigators had been caught unaware by passionate opposition fronted by C+D's Stop the Switch campaign.

Comment

Fight on against the switch

The key thing now is to keep the issue alive in Westminster. With this in mind I will be tabling a Commons early day motion this week highlighting the need for pseudoephedrine and ephedrine to retain their over the counter status.

Dr Brian Iddon, MP and chair of the all-party drugs misuse group, said: "I think the MHRA got a shock there was so much resistance. From the evidence, I have no reason to think they'll jump in the Serious Organised Crime Association's direction."

If it is well supported (and I would certainly encourage C+D readers to contact their local MP to ask them to sign it) it will add considerable weight to the growing case against the reclassification and encourage ministers and the MHRA to think again about their proposals and go back to the drawing board.

Quite what the new ministerial teams at the Department of Health and the Home Office make of the proposed reclassification remains to be seen. Hopefully they will take the view as I have that stripping pseudoephedrine and ephedrine products of their P status would damage patient care without helping us to reduce the threat of methylamphetamine abuse in any meaningful way.

Howard Stoate MP

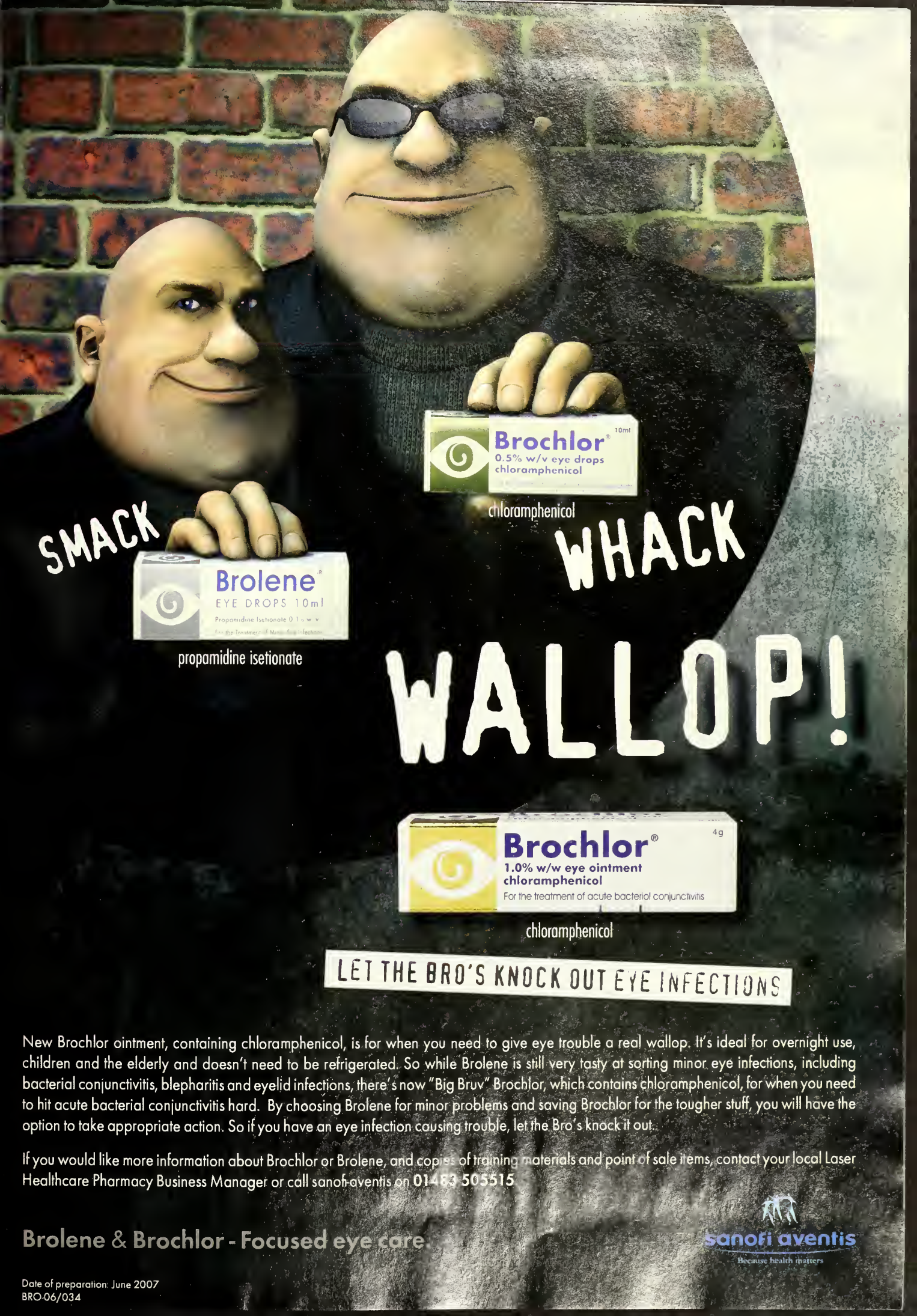
Pharmacists will have to wait until the autumn for a decision on whether they can continue to sell pseudoephedrine and ephedrine medicines, according to the MHRA.

Boots staff at Glasgow airport had a lucky escape after terrorists drove a burning jeep into the terminal building just 100 yards from the store. Linda O'Connell, store manager, told C+D she soon realised the alarm bells that rang on Saturday afternoon did not signal a run of the mill evacuation. "As soon as the alarm went off we could smell the smoke and we had a lot of security officers just telling us to get out quickly." Despite the severity of the attack, the stores were open for business as usual the next day. Police have arrested eight people, all linked to the NHS, in connection with the attempted terrorist attacks in Glasgow and London. Suspects include four doctors and have led to calls for greater vetting of international staff coming to work in the NHS

Picture: Alistair Fotheringham, PA Wire, PA Photos

Should NHS staff be subject to greater checks?

mgosney@cmpmedica.com



New Brochlor ointment, containing chloramphenicol, is for when you need to give eye trouble a real wallop. It's ideal for overnight use, children and the elderly and doesn't need to be refrigerated. So while Brolene is still very tasty at sorting minor eye infections, including bacterial conjunctivitis, blepharitis and eyelid infections, there's now "Big Bruv" Brochlor, which contains chloramphenicol, for when you need to hit acute bacterial conjunctivitis hard. By choosing Brolene for minor problems and saving Brochlor for the tougher stuff, you will have the option to take appropriate action. So if you have an eye infection causing trouble, let the Bro's knock it out.

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Date of preparation: June 2007
BRO-06/034

News in brief

Stoma review delayed

The DH has postponed publication of its review of arrangements for reimbursing for stoma and incontinence appliances under Part IX of the Drug Tariff. The DH is said to need more time to consider the volume and complexity of responses to a consultation on the subject.

Top marks for Wales

Ninety nine per cent of businesses in Wales are complying with the country's smoking ban. Figures up to the end of April also show no fixed penalties have yet been issued, the Welsh Assembly Government said.

Lift restrictions, says DDA

The Dispensing Doctors Association has called for an end to restrictions preventing dispensing doctors from selling OTC medicines and from dispensing hospital discharge TTOs. The Association argued that patients had to wait four hours for TTOs to be dispensed by hospital pharmacies.

MUR workshop

More than 50 delegates took part in an MUR event last week. Held by East Sussex LPC, four key areas were discussed including engaging GPs and doing an MUR with specific patient medication for COPD.

Stop smoking aid

The Royal Pharmaceutical Society has produced a smoking cessation resource for pharmacists to help them meet patient need to coincide with England's public smoking ban. The material, which has been developed as a one-stop shop for pharmacists, is available at www.rpsgb.org.uk

GSK discontinues

GSK has discontinued supplies of Becotide 50, 100 and 200mcg and Becloforte 250mcg metered dose inhalers. Stocks of Becotide are now exhausted except for a small quantity for emergency use; Becloforte supplies are expected to become exhausted in August.

Hedrin best alternative

A Drugs and Therapeutics Bulletin review has concluded dimeticone lotion (Hedrin) should be regarded as a first-line alternative to malathion, permethrin or phenothrin in treating head lice, particularly for patients who do not wish to use conventional insecticides.

Independents mastering MURs, says UniChem

Customer forums show contractors on top of advanced service

Emma Wilkinson

Uptake of MURs and diagnostic testing among independent pharmacies is growing, feedback collected by UniChem suggests.

After a rocky start, pharmacists are now getting the training and facilities in place to carry out MURs on a routine basis, comments made at UniChem's latest customer forums suggested.

Independent pharmacists also feel they will benefit from the KKR buy-out of Boots in launching services such as blood pressure monitoring.

However, support from GPs and PCTs is still "inconsistent" and needs to be improved in some areas.

Chris Martin, UniChem customer forum (UCF) national chairman, said: "I'm pleased to say there is building momentum around MURs. There was greater emphasis on professional services, for example opportunities around diagnostic testing such as blood pressure monitoring."

He added that development of the professional side of the business and providing a wider range of services was one benefit that would be "passed on" to independent pharmacists from the Boots acquisition.

He said: "There are inconsistencies in relationships with GPs and in some areas they are clearly struggling to get full engagement and we are working to help them with that."

On the airwaves at the UCFs:

- Pharmacists attending the forums highlighted their relief that supplies had not been disrupted after the introduction of the Pfizer deal, UniChem claimed.
- UniChem pre-registration places will rise from 30 this year to 120 next year.
- UniChem is planning to launch a 'Stronger With Us' campaign later this month to highlight the benefits to members of the Boots merger. These include better generic prices, consumer products, stronger lobbying and sharing of best practice, UniChem claimed.

England hits half century: John Douglas England, or Doug as he is known by his constituency, celebrates his 50th year as a pharmacist this week. Mr England is still practising in the Wigan pharmacy he took over in June 1961. He said: "I love seeing the people I knew as babies coming in with their own children and having that connection and friendship is something that I don't think many jobs can bring." Mr England added that pharmacy was not his first choice career until his father mentioned a pharmacist associate who sported flash suits and a fast car

Hell hath no fury...

An Edinburgh pharmacist convicted of assaulting another woman who she saw out "arm in arm" with her partner has been reprimanded at a disciplinary tribunal.

However, the Royal Pharmaceutical Society found Sheila Coventry presented no future risk to the public at last month's hearing.

Disciplinary chair Lord Fraser of Carmyllie QC said that Mrs Coventry was "skilled as a pharmacist, less skilled in affairs of the heart".

He continued: "She was outraged at seeing her partner, and father of her child, on the arm of another woman – leading to memories of her husband, and overreacted."

Community pharmacist Mrs Coventry had earlier been sentenced at Edinburgh Sheriffs Court to 120 hours community service for assault to injury committed at Station Place, Edinburgh, in July 2004.

An earlier hearing had been told that the victim of the attack had gone to a hospital accident and emergency department with bruising to her head and hand and swelling above the eye.

Mrs Coventry had later claimed the injured woman had been drinking wine and said that the injuries were caused by her "falling drunkenly".

However, a hospital report said the victim's injuries were consistent with an attack. **UKL**

Generics top £2.3bn

The value of generics topped £2.3 billion in the last year as the sector continued to steal market share from ethical drugs.

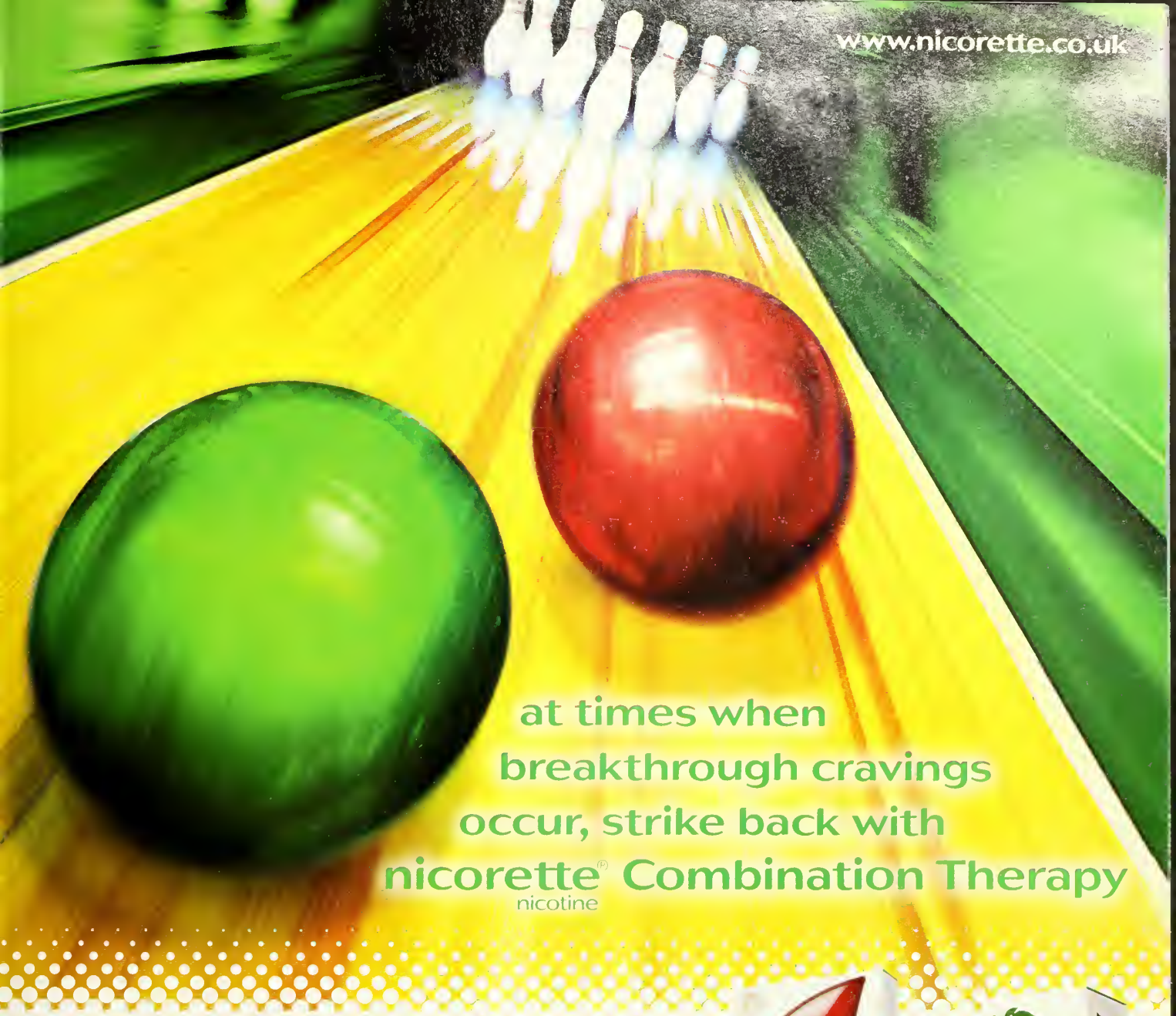
In the year to April 2007, the sector grew to represent 57.8 per cent of the market in volume terms. The rise means generics now make up 25 per cent of the value of the retail market.

The findings, from Trends in the Retail Market, a report by IMS, detail changes in the pharmacy sector between May 2006 and April 2007.

The research revealed a 4.3 per cent rise in the total drugs market to £8.9bn. Independents showed the strongest growth, outperforming the sector from a high base, while supermarkets grew the fastest, jumping 7.5 per cent to £413m.

In the wholesale market, full-liners increased their dominance of market share, with regional groups marginally beating their national counterparts.

This came largely at the expense of short-liners, whose share of the ethical and PI markets fell 15.7 per cent and 10.3 per cent respectively. The PI market declined 2.9 per cent overall to £1.2bn over the period. **TH**



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Nicorette Patch Product Information: Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage: Adults (over 18 years):** Patients should stop smoking during treatment. The patch should be applied to the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours per day. Initially one 15mg patch daily for 8 weeks. Dose should be reduced to 10mg for 2 weeks and then 5mg for a further 2 weeks. Adults who use NRT beyond 9 months should seek advice from a healthcare professional. **Adolescents (12 to 18 years):** As per adult, but duration of therapy should not exceed 12 weeks without consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensivity. **Precautions:** Erythema may occur. If severe or persistent, discontinue treatment. Unstable cardiovascular disease, diabetes mellitus, uncontrolled hyperthyroidism, phaeochromocytoma, generalised dermatological disorders, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response, to adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy and lactation:** Only after consulting a healthcare professional. **Side effects:** Erythema, itching, urticaria, headache, nausea, vomiting, GI discomfort, dizziness, palpitations, reversible atrial fibrillation. See SPC for further details. **NHS Cost:** 15mg packs of 7: (£9.07). 10mg packs of 7: (£9.07). 5mg packs of 7: (£9.07). **Legal category:** GSL. **PL holder:** Pharmacia Limited, Ramsgate Road, Sandwich, Kent. CT13 9NJ. **PL numbers:** 0032/0292, 0293, 0294. **Date of preparation:** March 2007. **Nicorette Gum Product Information: Presentation:** Nicorette 4mg gum and Nicorette 2mg gum contain 4mg and 2mg of nicotine respectively in a chewing gum base. Original, Mint, Freshmint and Freshfruit flavours. **Uses:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. Used to help smokers ready to stop smoking immediately and also smokers who need to cut down their cigarette use before stopping. **Dosage: Adults (over 18 years):** No more than 15 pieces of gum should be used each day. Use when there is an urge to smoke. Patients smoking 20 or less a day should use 2mg gum. Those smoking more than 20 should use 4mg gum. Each piece should be chewed slowly for about 30 minutes. *Smoking cessation:* Patients should stop smoking during treatment. After up to 3 months ad libitum dosage, Nicorette gum use should be gradually reduced. Those who use NRT beyond 9 months should consult a healthcare professional. *Smoking reduction:* Use the gum between smoking episodes to reduce smoking. A quit attempt should be made as soon as the smoker feels ready but no later than 6 months. Professional advice should be sought if no reduction in 6 weeks or no quit attempt in 9 months. **Adolescents (12 to 18 years):** No more than 15 pieces of gum should be used each day. Smoking cessation: After 8 weeks ad libitum dosage, reduce gum use over 4 weeks. If not stopped by 12 weeks, a healthcare professional should be consulted. *Smoking reduction:* Only after consulting a healthcare professional. **Under 12 years:** Not recommended. **Contraindications:** Hypersensitivity. **Precautions:** Denture wearers, GI disease, unstable cardiovascular disease, diabetes mellitus,uncontrolled hyperthyroidism, phaeochromocytoma, renal or hepatic impairment. Stopping smoking may alter the metabolism of certain drugs. Transferred dependence is rare and less harmful and easier to break than smoking dependence. May enhance the haemodynamic effects of, and pain response to, adenosine. Keep out of reach and sight of children and dispose of with care. **Pregnancy & lactation:** Only after consulting a healthcare professional. **Side effects:** Headache, sore mouth or throat, jaw-muscle ache, GI discomfort, hiccups, nausea, vomiting, dizziness, erythema, urticaria, palpitations, allergic reactions, reversible atrial fibrillation. See SPC for further details. **NHS Cost:** 2mg gum (10) £2.05 2mg gum (30) £3.25. (105) £8 89. (210) £14 82; 4mg gum (30) £3.99, (105) £10 80, (210) £18.24. **Legal category:** GSL. **PL numbers:** Original 2mg 00032/0248, 4mg 0032/0249; Mint 2mg 0032/0250, 4mg 00[illegible]251; Freshmint 2mg 0032/0283, 4mg 0032/0295, Freshfruit 2mg 15513/0136, 4mg 15513/0137 **PL holder:** Pharmacia Ltd. Ramsgate Rd, Sandwich, Kent.CT13 9NJ. **Date of preparation:** March 2007. **References: 1.** Puska P, Korhonen HJ, Vartiainen E, et al. Combined use of nicotine patch and gum compared with gum alone in smoking cessation: a clinical trial in North Karelia. Tobacco Control 1995;4:231-35. **2.** Komitzer M, Boutsen M, Dramaix M. et al. Combined use of nicotine patch and gum in smoking cessation: a placebo-controlled clinical trial. Prev Med. 1995;24:41-47 **3.** Action on Smoking and Health. Guidance for Health Professionals on changes in the licensing arrangements for Nicotine Replacement Therapy. December 2005.

Date of preparation: June 2007

02019

Come hail and high water...

Pharmacies back open for business despite heavy flood damage

Pharmacists across the north of England have launched a huge clean-up operation following last week's floods.

Contractors battled to get back to business as a month's worth of rain fell in just 24 hours in some parts of the country.

Pharmacies in Yorkshire and Humberside quickly reopened after rising water levels left shop floors under water and forced the evacuation of local residents.

Wholesalers also braved the wet weather, with Mawdsleys and UniChem continuing to supply drugs to stricken businesses.

The clean-up operation looks set to be hampered as forecasters predicted further heavy showers across the UK this week.

1. The Wicker Pharmacy and mobility shop in Sheffield are submerged after the River Don burst its banks

2. Still heavily waterlogged, local pharmacies were back open for business within 24 hours of the flood

3. TV news crews gather outside Weldricks Pharmacy in Doncaster, which provided emergency medicine supplies to flood-hit patients

4. Up to £80,000 of stock was damaged by flood water at the Wicker Pharmacy

5. The scale of the flooding is apparent by the arrival of an unlikely addition to the pharmacy floor

Have you been affected by the floods? Email us on: **mgosney@cmpmedica.com**

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[1] Bio'sat Market Research 2005 [2] Marketing Sciences Consumer Research 2006

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Pharmacy Champions

Name
Graham Jones

Pharmacy
Broadway Pharmacy, Lambourn, Berkshire

What has he done?
He is a community pharmacist and leader of West Berkshire Council

What brought you into local politics?
My interest in politics was generated in the 1980s when I was a student in Liverpool. At the time, Derek Hatton was deputy leader of Liverpool City Council and at the height of his militant powers. My political awakening was a reaction to what was happening in the city.

I've been politically active ever since and was invited to stand for the Lambourn Valley ward of West Berkshire Council in 1997. Owning the pharmacy in Lambourn means I'm well placed to listen to and represent the community.

Pharmacists make natural community leaders because we are held in high regard by our patients and trustworthy. We are also accessible and have a good rapport with our local communities. Leadership is about actions, not words. Our integrity is our strength.

What will you bring from pharmacy to your role at the council and vice versa?
Lambourn Pharmacy gives me a connection with the electorate which is the envy of most politicians. I find the communication and listening skills that I've acquired as a pharmacist are invaluable in the political arena.

My role on the council brings me into contact with a huge range of people. I've also gained an insight into other areas that complement pharmacy, such as Local Strategic Partnerships, Drug Area Action Teams and PCT work.

The working relationship between councils and health is getting closer.

My role as councillor also helps make Lambourn Pharmacy a greater hub of the community as I am available to deal with a range of issues – housing, planning and highways – some of which are directly related to health and wellbeing.

Will you be leading any local health campaigns in your role as councillor?
The council has been running a countdown to the smoking ban. As a smoking cessation advisor, I have been able to lead the campaign to raise public awareness. Working with the Drug Action Teams has also been invaluable in expanding services in local pharmacies.

Does being a councillor improve your job satisfaction?
Much of my enjoyment from pharmacy comes from being an important and integral community resource and my local council work strengthens this. The opportunity to help people and influence agendas has increased.

A few years ago I was able to bring pharmacy and politics together. Following a report by the Berkshire Health Authority that highlighted poor dental health in the Lambourn valley, I campaigned to get a dentist in the area using this data. The health authority set aside some money, which subsequently led to an NHS dentist being established in Lambourn.

What enhanced/advanced services do you offer in your pharmacy?
Smoking cessation, needle exchange, supervised consumption of methadone and MURs.

What has been the high and low point of offering these services?
The high point is being able to use my skills more proactively to make a difference. The low point is time. As an independent I do not have as many resources to draw on as the multiples.

Why do you think you have been successful?
I now run two pharmacies, both of which are integral parts of their community. My second pharmacy in Shrivenham was set up in the teeth of opposition from rural GPs, but 10 years on we have won the local population round.

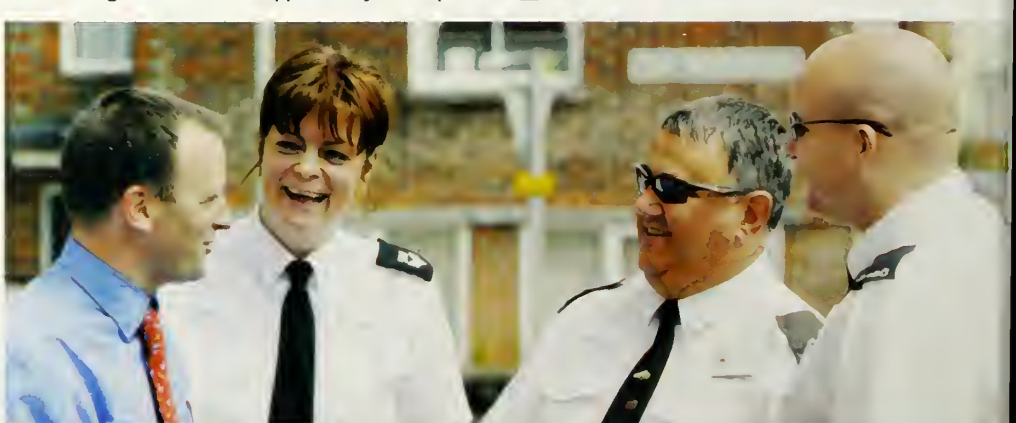
I've had a fantastic opportunity to lead West Berkshire Council, which returned to power earlier this month with a much increased majority.

Politics and business are both about resilience. Keeping a cool head is a great asset in a pharmacy and invaluable in political debate. Communication and enthusiasm in whatever field you're in allows you to draw the best out of others.

Under the white coat

What are your hobbies when you're not at work?
I like classic cars – I own a Morgan 4/4 – golf, cycling and finding time for my family.

If you were in charge of pharmacy for just one day, what would you change?
I'd convince colleagues of their potential. Pharmacists are natural community leaders but seldom capitalise on this.



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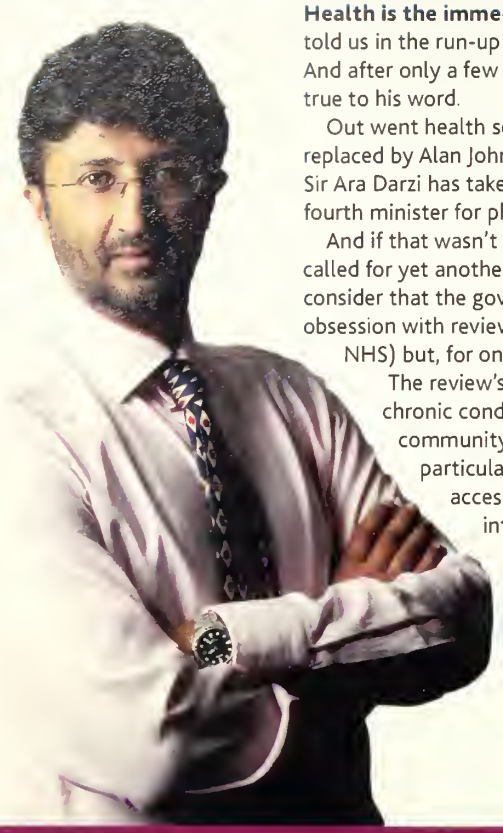
Comment from the editor



Health is the immediate priority, Gordon Brown told us in the run-up to taking the Prime Minister's job. And after only a few days at Number 10, he is holding true to his word.

Out went health secretary Patricia Hewitt, to be replaced by Alan Johnson. While at junior level, Professor Sir Ara Darzi has taken over from Lord Hunt to become the fourth minister for pharmacy in the space of 12 months.

And if that wasn't enough change, the new PM has called for yet another review of the NHS. Some might consider that the government has developed an unnatural obsession with reviews (particularly when it comes to the NHS) but, for once, there may be a silver lining.

The review's remit includes the management of chronic conditions and the integration of community and hospital services, with a particular focus on value for money and accessible locations. This is clearly of interest to pharmacy, but it takes on even more importance given that the new pharmacy minister is charged with its delivery.

But while this is a plus, much depends on the new minister's current knowledge of what community pharmacy can offer. As a highly respected surgeon, community pharmacy may not have featured highly on his radar. Perhaps now is a good time for our lead bodies to invite him to see just what we can offer. As well as the excellent services being rolled out in pockets of the UK, he could see the dedication shown by those pharmacists and their staff in communities affected by the flooding.

What the pictures (p10) show is a devastation that is hard to imagine for those of us fortunate enough to have escaped the worst of the weather. What they signify is the commitment to the local community shown by pharmacy staff in the affected areas, which is something that is common to all pharmacies. This is the message we need to send to the new minister.

Gary Paragpuri, editor

> The pictures show a devastation hard to imagine for those of us fortunate to have escaped the weather

Your views

Brief encounters

Engaging the smokers among your customers is key to a sustainable smoking cessation service

Much has been written recently about the introduction of 'smoke-free' legislation in England so I don't want to labour the issue, but it could be that those pharmacists who have not already set up smoking cessation services may like a little help in doing so.

The obvious way to set up a sustainable smoking cessation service is, of course, to contact the local PCT in order to negotiate funding – and once pharmacists have met the PCT's criteria, such as having the appropriate training and a dedicated private consultation room for seeing patients, plus the right equipment, including a carbon monoxide monitor – then they should be ready to go.

But this is only part of the picture – feeding back the right data to the PCT, advertising the services and communicating the right messages are absolutely vital.

Some months ago, in conjunction with the Department of Health, PharmacyHealthLink produced the Pharmacy Meets Public Health brief advice cards for pharmacists, along with public information leaflets, to help pharmacists initiate conversations with patients and communicate effectively on public health issues such as smoking. Further copies of these can be accessed through the website: www.pharmacymeetspublichealth.org

And now, with the introduction of new smoke-free legislation, PharmacyHealthLink has produced a further document – Brief Interventions for Stopping Smoking by Pharmacists and their Staff – which can also be accessed on the 'pharmacy meets public health' website from this month.

This 'brief interventions' guidance aims to help pharmacists and their staff provide effective stop smoking advice in line with recently issued Nice guidance on smoking cessation.[1] Although it is primarily intended for use by community pharmacy staff, it is also an appropriate framework for other pharmacy staff to use, such as in hospitals or primary care, and can be adapted as necessary.

There is still a certain amount of confusion about the difference between brief advice and brief interventions in the public health literature. Although they are basically part of the same approach – which is giving opportunistic health advice in a pharmacy – the main differences are time and expertise.

In general, brief advice is proactively raising a subject (up to three minutes), to assess a person's motivation for behaviour change. A brief intervention generally follows directly on from brief advice where the person is obviously keen to discuss the issue further, and where the pharmacist has particular expertise on the topic (more information on the difference is provided in the new guidance).

As the smoke-free legislation begins to hit home with smokers, pharmacists are sure to see a significant increase in the number of smokers making attempts to quit, which is the main purpose of the ban. So pharmacists who are prepared for the increase will not only be helping PCTs to meet their smoking cessation targets but, more importantly, they will be demonstrating how they can improve the health of their patients and contribute to the health of the whole community in the process.

Miriam Armstrong, chief executive, PharmacyHealthLink

1. National Institute of Health and Clinical Excellence (Nice) – www.publichealth.nice.org.uk

Xrayser

Topical Reflections

Yet another report leaves me cold

Another week spent slaving over the PMR, another report on the future of pharmacy (C+D, June 30, p6). Apart from working harder and smarter, I'm still doing basically the same as 10 years ago, despite the publication of numerous reports and recommendations about what I could and should be doing.

I know politicians are supposed to be busy people but I don't know why it's taken the all-party pharmacy group a whole year to conclude what any well informed pharmacist could have told them in half an hour. It's as plain as the nose on your face exactly what pharmacists could be doing. All we need is funding and leadership.

It's obvious that we lack leadership simply by the number of people expressing their opinion on the report within these pages. Anyone at the DH reading last week's issue would have been left confused as to what the profession really thinks. There are as many uncertainties as ever, what with the Society expected to morph into an effective representative body, other organisations discussing whether to merge, and new factions appearing all the time.

The arrival of Gordon Brown and the departure of Lord Hunt will ensure continued change and uncertainty on the other side of the negotiating table. While politicians can ill afford to upset the GPs, their hands are largely tied anyway. And PCTs are as much pawns in a grander scheme as we are.

This report leaves me feeling rather depressed and powerless. It seems to contain a lot of finger pointing and blame and not much hope. GPs need to stop being so pig-headed, PCTs need to be more consistent, LPCs must become more efficient, the DH should fund more pharmacy services and somebody must provide more practical training. Meanwhile, I sit back and wait. It's the same old, same old.

If anybody mentioned in this report takes any notice whatsoever of its findings, the impact on me is likely to be barely noticeable. Call me narrow minded and selfish but it's all I can do to keep my head above water. I'll leave the pontificating to those with more time on their hands.

A glimmer of hope or pie in the sky?

Azithromycin OTC for chlamydia? (C+D, June 30, p10). Why not? Personally, I can see no reason at all. Chlamydia is an increasingly serious health issue that must be tackled at all costs and, if pharmacists are supplying the treatment, it will be done safely and appropriately. I'll be pleased to get involved in this area of sexual health that I've been excluded from simply because there is no PGD in my area.

The exact protocol for supply will be interesting but I'm sure that where there's a will, there's a way. It makes sense that there should be a positive test result before any sale takes place but I don't see why a patient would take a free test at a clinic, GP or pharmacy operating a PGD and then choose to purchase the treatment elsewhere.

I would be happy to provide a paid for testing service but I'm not sure that all pharmacies would and the retail cost could be off-putting. In a dream world the DH would fund free chlamydia testing from all pharmacies, leaving at least some patients to pay for their own treatment. No harm in dreaming I suppose

C+D

Northern Ireland Notebook

UCA conference

I nearly didn't go but, realising I had been too lazy recently, too apathetic and too low on CPD points, I dragged myself out of bed. Sunday mornings are normally wasted in unneeded sleep yet in the end I really enjoyed the UCA conference. More importantly I learned a thing or two.

I hadn't appreciated the degree to which Scotland has implemented contract changes that truly affect day to day practice, particularly the benefits flowing from investment in IT. IT will benefit patient care here too and bring pharmacy to the heart of the health service, so roll on EPES. What is impressive from the Scottish experience is that government and contractors seem to share a common goal and that seemed to soothe and speed implementation. Sadly we did not get a grassroots contractor's view; our speaker worked for a health board but reported a positive feeling across community pharmacy. I got a sense of how things might be when we eventually get our new contract.

> "The joy of being an independent contractor is doing it my way"

There were the usual lectures from the motivational change experts; why do I find these sessions patronising? Perhaps I just don't like being told how to run or develop my business. The joy of being an independent contractor is doing it my way. But that's more my arrogance than good sense and my business always can do better through application of and attention to key business skills.

I was particularly grateful to the accountant speaker Sean Muldoon. Inheritance taxation is a minefield for the lay person and most contractors will need to give thought to this matter in coming years. What especially impressed me was that, to reduce inheritance tax burdens, younger members of the profession could raise capital to buy a pharmacy on the value of the parental home – an extremely tax efficient move. It made so much sense, but since we all think we're immortal, this will be a difficult conversation to have in any family. Good luck to the young Turks who dare have it.

Written by a pharmacist practising in Northern Ireland

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Your views

The 'new improved' NHS commissioner

In the first of two articles, Georgina Craig explains the implications of primary care changes in commissioning

Pharmacists cannot have failed to notice that commissioning is the latest thing in NHS policy circles. Creating a commissioning-led NHS is going to be one of the biggest challenges for primary care trusts over the coming years.

But with the promise that it will deliver more patient-centric services closer to home and help achieve financial balance, getting it right is likely to be *the* critical success factor that will ensure a secure future for PCT chief executives – but more seriously, for the NHS as we know it.

While mixed progress is being made at local level, and much of the focus is on practice-based commissioning, it is important to recognise that PCTs' roles and responsibilities in relation to commissioning are changing too. Leading edge PCTs have recognised this, and are already getting to grips with their new responsibilities. But what are they doing differently and what does it mean for community pharmacy?

The pharmacy bodies, working through The Health Policy Forum, jointly commissioned research, published earlier this year, on the key features of effective commissioning. The report – Effective Commissioning in the NHS in England – provides more detail, and can be used by pharmacists to open discussions with PCTs about local commissioning. The key features provide a helpful framework for this analysis and the report is available at www.npa.co.uk, www.psnc.org.uk and www.rpsgb.org.uk

In this article, we focus on the first of these roles: identifying need and managing demand.

Key features of an effective commissioner
- Identifying need and managing demand
- Market shaping and management
- Holding the market to account
- Holding commissioners to account

A more robust approach

The new breed of PCT commissioner will adopt a much more sophisticated approach, using robust data analysis and management, and employing new techniques to manage risk and predict demand, some of them borrowed from actuarial practice. They will conduct what might be termed market research with their local population (otherwise known as consumers) to paint a richer picture that will inform and augment their public health data and add depth to their discussions with providers.

This greater understanding will lead to the development of a clearly articulated vision of their local care system that they can share with their stakeholders and the provider community. It will address the specific health and care needs of their population, and will increasingly focus on improving health and wellbeing, rather than on treating illness.

Help from the private sector

This core commissioning role is arguably PCTs' weakest area, and with so much at stake and strong political will to see quick progress, the Department of Health has, in the face of some opposition, facilitated, through its Commissioning Framework, the opportunity for PCTs to explore the role of the private sector in supporting their commissioning function.

BUPA Commissioning, a new division of the well known provident health and care provider, is one of this new breed of commissioners. With its pedigree in managing risk and commissioning, developed in the context of its core health insurance business, which sees it commissioning over £100 million of NHS care for its three million members, it brings new insight and a rich set of management skills to the commissioning table.

BUPA provides commissioning services to PCTs, supporting them to capitalise on the opportunities created by current NHS commissioning policy. These include: data analysis and management, disease management programme and clinical pathway design, patient engagement, risk modelling, demand forecasting and financial, contract and performance management.

> "Creating a commissioning-led NHS is going to be one of the biggest challenges for PCTs"

Dr Katrina Herren explains: "We believe that the independent sector has a real contribution to make in partnering with the NHS to provide a wide range of commissioning services. This partnership will need to deliver real improvement in local health services and that will require commissioning different styles and types of providers. This will lead to opportunity for pharmacists to engage in a different way and come up with innovative service models. At BUPA Commissioning we aim to support PCTs and SHAs with commissioning services to improve local access, local choice and to promote better health outcomes."

The implications for pharmacy

For community pharmacy, this creates many opportunities. As commissioners become more sophisticated in their approach, they will be increasingly interested in understanding how people self-care in their communities.

Community pharmacy has access to a comprehensive data set on how OTC medicines are used locally, for instance, and these insights should inform the commissioning process. This more robust approach is more akin to the way pharmacy businesses operate. It is likely that as commissioners become more sophisticated and work more collaboratively with the private sector, their understanding of the challenges faced by those trying to run a business, albeit one that is heavily reliant on the NHS for its survival, will increase. This should facilitate a closer working relationship between PCTs and providers, including pharmacy contractors.

What is more, pharmacy has everything to gain from a commissioning process that is consumer driven. We know people like the accessibility pharmacy offers, and pharmacy is well established in the places where people live, work and shop. With this strength recognised, it should be an easy next step for willing pharmacists to make the case for the provision of a wider range of clinical services in-store, some of which pharmacists themselves will provide; others might be provided by visiting health or social care professionals.

Only time will tell, but 'new commissioning', if we engage with it effectively, could be the key to pharmacy unlocking its potential.

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Your views

Time to rebuild a stronger pharmacy chain

Steve Dunn examines how further change in the supply chain can be achieved for the good of all

Of the many changes facing contractors, those in supply chain relationships from manufacturers examining new distribution models have been the most dramatic.

It is regrettable that the first change was Pfizer's solus DTP scheme which provoked a furious reaction from the pharmacy community and elected representatives.

Pharmacists are not change-resistant. Their reaction to that scheme shows change for the worse will always be opposed.

AAH remains a critic of that solus system but our opposition has not been to change, only to change that which undermines pharmacy's role.

We recognise manufacturers' legitimate rights to run their businesses as they see fit but everyone must ensure that changes enable pharmacy to undertake the tasks that government and the NHS expect of it. Wholesalers can help manufacturers understand this.

We also recognise further change is inevitable, with the most likely result a mixed economy of DTP, traditional wholesale and hybrid schemes co-existing. DTP is only one solution, and not always appropriate.

So what should be uppermost in the minds of those contemplating the supply chain?

Influencing change

The challenge is not to oppose unstoppable change but to ensure that new distribution models help contractors deliver their existing and increasing roles. Solus schemes, which create more bureaucracy and difficulties over cut-off and delivery times will not help contractors, and manufacturers should recognise that the multi-wholesaler model is more appropriate.

Getting closer to manufacturers

All this change recognises that manufacturers wish to be closer to pharmacists, given the impact they will have on their sales through interventions, pharmacist prescribing and pharmacists with special interests.

Pharmacy needs to work with manufacturers to help them understand what "getting closer to the customer" means. There are potential benefits from a more direct relationship with manufacturers, delivered in partnership with a value adding wholesaler like AAH.

Pharmacy and its income

While there is concern manufacturers will change distribution to squeeze profits, contractors should remember that the UK health departments are committed to sustainable income streams for pharmacy. Government will want to ensure the NHS does not pick up more bills through these changes and will doubtless review this area.

Minimising bureaucracy

No-one gains from imposing multiple daily deliveries and extra paperwork on pharmacists. It can be avoided by manufacturers giving pharmacists a choice through multi-partner distribution solutions and by distributors following our single invoice solution instead of one that creates invoices per manufacturer.

No-one is wedded to the status quo when change can benefit all and even produce a stronger supply chain.

Steve Dunn, AAH Pharmaceuticals group managing director

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SERIOUS QUITTERS

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The Serious Quitters booklet will help to inform smokers about many aspects of stopping smoking – from the well-known health benefits to the range of different treatment and support options now available on the NHS. The free booklet will be available to download from the website: www.seriousquitters.co.uk.

Better informed smokers will be able to have a focused and meaningful discussion with you, so that together, you can identify the stop-smoking plan that is right for them.

If you would like to order your free supply of Serious Quitters booklets, call freephone 0800 092 4442 now.

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Pfizer

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SCE037 Date of preparation: June 2007

C+D Clinical

Peptic ulcer treatment

PPIs are the lynchpin of therapy, both in treating the ulcer and in *Helicobacter pylori* eradication

Key points

- Most peptic ulcers are caused by infection with the bacterium *H pylori*.
- Eradicating *H pylori* is vital to reduce ulcer recurrence and the need for long-term acid suppression. One-week triple therapy with antibiotics and acid suppression is recommended.
- The two main ulcer-healing treatments are PPIs and H2 antagonists. PPIs are also a key part of *H pylori* eradication regimens.
- Pharmacists have a pivotal part to play in managing peptic ulcer, particularly in optimising medicines.

Helen Boreham

For most of the 20th century, peptic ulcer disease (PUD) was thought to be caused by gastric juices corroding the stomach lining; "no acid – no ulcer" was the catchphrase. It was only in the early 1980s that two Australian scientists first put forward the idea that peptic ulcers were caused by the bacterium *Helicobacter pylori*.[1]

This revolutionary idea was so poorly received by the scientific community that one of the researchers, Dr Barry Marshall, felt forced to resort to a desperate measure: in a now infamous act of self-medication, he downed a Petri dish containing a culture of *H pylori* extract from an ulcer sufferer.

After five days, the human guinea pig developed gastritis, halitosis, morning nausea and recurrent vomiting of acid-free gastric juice. His symptoms cleared spontaneously after two weeks but Dr Marshall's wife insisted he start on antibiotics immediately to kill off the remaining bacteria or "be evicted from the house to sleep under a bridge" – such was the severity of the halitosis!

The College of Pharmacy Practice

This course (module 1410), in association with multiple choice questions being published in C+D August 4, provides one hour's continuing education

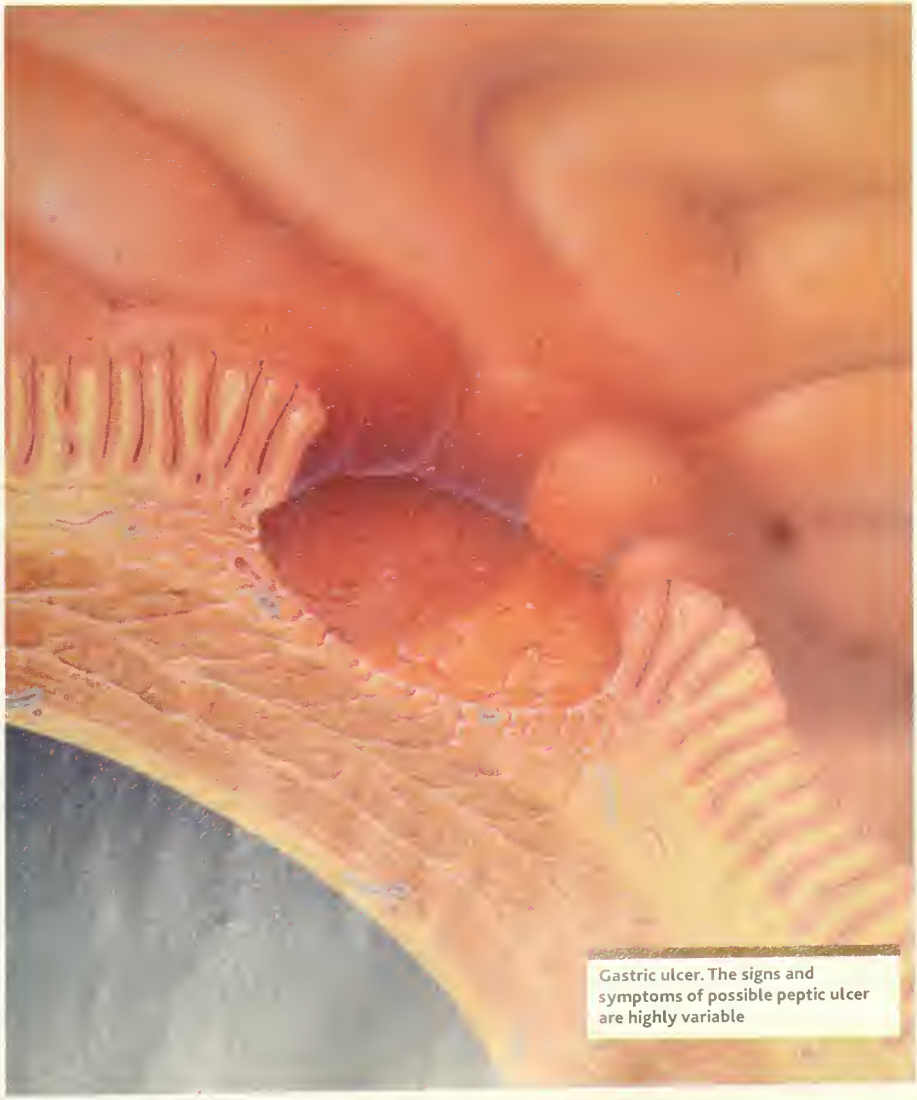
Reflect

Do you know the current recommendations for *H pylori* eradication? How do the OTC doses for H2 receptor antagonists differ from those used on prescription for peptic ulcer disease? What doses of proton pump inhibitors are used for prevention of ulcers associated with NSAIDs?

Plan

This article describes the common symptoms of peptic ulcer, its diagnosis and drug treatment. There is information on optimising treatment and the main side effects and precautions associated with the drugs used.

CPD This article can help in the following CPD competencies: G1a, C1c, C2a. See www.tinyurl.com/194zu



Gastric ulcer. The signs and symptoms of possible peptic ulcer are highly variable

Photolibrary

Signs and symptoms

About one in every 10 people will suffer a peptic ulcer at some point in their lives. Of the thousands of patients investigated each year in the UK for symptoms falling under the banner of 'dyspepsia', between 5 to 10 per cent will have a gastric ulcer and 10 to 15 per cent a duodenal ulcer.

Symptoms of peptic ulcer can include:

- Pain or discomfort in the upper stomach, just below the breastbone (epigastric pain)
- pain behind the breastbone (retrosternal pain)
- acid reflux
- loss of appetite
- nausea and vomiting
- bloating or feelings of fullness
- weight loss
- early satiety
- belching
- heartburn
- halitosis.

A gastric ulcer typically causes epigastric pain shortly after eating, for which antacids provide minimal relief, while a duodenal ulcer is usually relieved by eating, drinking milk or taking antacids. Symptoms often occur several hours after eating or at night.

These signs and symptoms should be taken as indicators only, given their variability and poor predictive power. Just 50 per cent of individuals with 'classic' PUD symptoms will show a damaged area on endoscopy and, for many peptic ulcer patients, epigastric pain is not the chief complaint. Similarly, heartburn – although not typically associated with ulcers – should not be written off solely as a feature of GORD. Duodenal ulcer may be as common in patients with dominant heartburn as in those with epigastric pain.[2]

Difficulties of diagnosis

As overlapping signs and symptoms make it virtually impossible to distinguish clearly an ulcer from other common GI ailments such as dyspepsia and GORD, definitive diagnosis of PUD can only be made via endoscopy.

Other tests may be carried out, the most common of which is the *H pylori* breath test. The patient swallows ^{13}C urea, which is broken down in the presence of *H pylori* to produce a gas that can be detected in the breath. Barium swallows may be used to detect problems of the upper GI tract by X-ray.

Treatment

Proton pump inhibitors (see the full pdf at www.dotpharmacy.com/pepticulcer)

- PPIs are the lynchpin of peptic ulcer therapy, and are used both as short-term treatment for the ulcer and as a key part of *H pylori* eradication. PPIs at full dose are also the generally-preferred choice for gastroprotection against future NSAID ulcers.[3]
- Omeprazole, lansoprazole, pantoprazole and rabeprazole, but not esomeprazole, are licensed for healing gastric and duodenal ulcers. However, only omeprazole, lansoprazole and esomeprazole are approved for the healing and prophylaxis of NSAID-associated ulcers. In terms of clinical efficacy and safety, differences between the available PPIs are minimal.[3] Omeprazole is the least expensive.

Side effects:

- Include GI disturbances (including nausea, vomiting, abdominal pain, flatulence, diarrhoea and constipation), headache and dizziness.
- Less frequent side effects include dry mouth, insomnia, drowsiness, malaise, blurred vision, rash and pruritus.
- Because they decrease gastric acidity, PPIs may also increase the risk of GI infections.

Precautions:

- Caution in liver disease, in pregnancy and in breastfeeding.
- Because PPIs may mask the symptoms of gastric cancer they should not be given to patients with alarm symptoms (see later) without first carrying out an endoscopy.
- In liver disease, daily doses should not exceed 20mg for omeprazole, pantoprazole and esomeprazole, and 30mg for lansoprazole; caution is also advised with rabeprazole.
- Omeprazole and esomeprazole may enhance the effects of warfarin and phenytoin so careful monitoring is warranted when therapy is started or stopped.

H2 antagonists (see the full pdf at www.dotpharmacy.com/pepticulcer for dosing information.) All H2-receptor antagonists heal gastric and duodenal ulcers by reducing gastric acid output as a result of histamine H2-receptor blockade. Maintenance treatment with low doses has largely been replaced in *H pylori* positive patients by PPI-based eradication regimens, but may occasionally be used for frequent severe recurrences or in the elderly who suffer ulcer complications. H2s can also promote healing of NSAID-associated ulcers (particularly duodenal) but should not be used for NSAID gastroprotection.[4]

Side effects:

- include diarrhoea and other GI disturbances, altered liver function tests (rarely liver damage), headache, dizziness, rash and tiredness.

Precautions:

- Caution is advised with all H2s in renal impairment, pregnancy and breast feeding – and, with nizatidine, in liver disease.
- Because of drug interactions, cimetidine should be avoided in patients stabilised on warfarin, phenytoin and theophylline (or aminophylline).

H pylori eradication

- *H pylori* infection is the main cause of PUD – it is implicated in eight out of every 10 gastric ulcers and more than 90 per cent of duodenal ulcers.[3] Most other ulcers are due to NSAIDs.
- *H pylori* eradication increases the rate of healing of duodenal, but not gastric, ulcers. Its main benefit is in reducing ulcer recurrence rates, cutting down the need for long-term acid suppression. Eradication is achieved by a combination of antibiotics and acid suppression. One-week triple therapy in a regimen containing clarithromycin is the current gold standard.[4]

Antacids

OTC antacids such as aluminium, calcium or magnesium salts and rafting agents can be helpful as adjuncts to ulcer treatment, as they offer some relief from acid-associated symptoms.

Guidelines

PRODIGY recommendations for the first-line treatment of PUD mirror those advised by Nice.[3] For gastric or duodenal ulcer, the first step is to test for *H pylori*. If positive, the bacteria should be eradicated with triple therapy. If negative, patients should take full-dose PPI for one or two months. In NSAID-associated ulcer, anti-inflammatory drugs should be stopped where possible and an *H pylori* test carried out.

A two-month course of full-dose PPI is recommended to heal the ulcer, followed by eradication of *H pylori* with triple therapy (if patient tested positive) to reduce the risk of recurrence.[3]

Nice guidelines on initial therapy for PUD[4]

Diagnosis	Treatment	Follow-up
H pylori positive	Eradication of *H pylori*.	Gastric ulcers – rescope at six to eight weeks post-treatment.
NSAID use	Stop NSAID if possible. Full dose PPI for one to two months.	*H pylori* positive – repeat ^{13}C urea breath test to ensure eradication (ensure acid suppression therapy is stopped for two weeks).
NSAID use and *H pylori* positive	Stop NSAID if possible. Full dose PPI for eight weeks. Eradicate *H pylori*.	Continued NSAID use – gastroprotection required.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NEW 328-0096	VP579	Glucosamine & Chondroitin	400/100	30	Caps	6	£1.49	£5.04
NEW 328-0278	VP562	Glucosamine Sulphate	500mg	90	Caps	6	£3.99	£13.62
NEW 328-0229	VP586	Glucosamine & Chondroitin	400/100	90	Caps	6	£3.99	£13.62
	Valupak	GLUCOSAMINE TABLETS						
285-5179	VP733	Glucosamine Sulphate	500mg	30	Tabs	6	£1.49	£5.04
285-5187	VP740	Glucosamine & Chondroitin	400/100	30	Tabs	6	£1.49	£5.04
288-7081	VP020	Glucosamine Sulphate	500mg	90	Tabs	6	£3.99	£13.62
288-7099	VP037	Glucosamine & Chondroitin	400/100	90	Tabs	6	£3.99	£13.62

The following wholesalers stock a complete range of Valupak products

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See the full article with PPI and H2 dosing at:
www.dotpharmacy.com/pepticulcer

Optimising treatment

Pharmacists play a front-line role in the management of PUD and can even help identify candidates for *H pylori* testing from the repeat prescriptions of patients on maintenance antisecretory therapy or regular users of OTC antacids.[5]

As triple therapy regimens are complex, counselling on drug compliance is key to improving eradication rates. Suggestions may include taking medications with normal daily activities to help establish a routine, and using compliance aids and calendars. Educating patients on their disease and its treatment is also vital, as knowledgeable patients are more likely to be compliant.

Patients taking tetracycline should be advised to separate administration from the ingestion of food, and those on metronidazole need to be warned about potential interactions with alcohol (which should be avoided) and warfarin.[5]

Managing patients with PUD who still require NSAIDs is a delicate juggle. Important pharmacist-driven ways to optimise treatment include:[3]

- discussing the potential harm of NSAIDs fully with the patient
- reviewing the need for NSAID use regularly – at least every six months and considering key strategies to reduce intake, such as:
  - 'as required' use
  - dose reduction
  - switching to paracetamol
  - trying low-dose ibuprofen (400mg three times a day).
- PPI gastroprotection should be offered to everyone with a previous peptic ulcer who requires continued NSAID use. Misoprostil is a possible alternative but is limited by side effects, while Cox-2 inhibitors are an option if patients are not on aspirin and do not have any contraindications.[4] It is also important to review other medications that may be causing or contributing to symptoms:
- Theophylline, nitrates and calcium-channel blockers may reduce lower oesophageal sphincter pressure. Withdrawal should be considered in patients with predominately reflux symptoms.[3]
- Bisphosphonates and corticosteroids commonly cause GI adverse events.[3]

Simple lifestyle advice such as healthy eating, weight reduction and smoking cessation may improve symptoms. Precipitating factors should be avoided where possible – common culprits include alcohol, coffee or spicy foods.

Alarm symptoms

Any patient developing alarm symptoms should be immediately referred for further medical investigations. Signs to look out for include:[3]

- chronic GI bleeding
- weight loss
- difficulty swallowing
- persistent vomiting
- anaemia
- epigastric mass.

References and further reading can be found at www.dotpharmacy.com/pepticulcer

Continuing Professional Development CPD

Act

- The public present 'gut' problems using a variety of terms; write a list of as many as you can recall. Against each, note the medical condition. You may find the same popular term is used to define more than one condition. Now define dyspepsia, indigestion and heartburn in your own terms.
- The article points out that overlapping signs and symptoms make it virtually impossible to distinguish clearly an ulcer from other common GI ailments. How does this affect your response to symptoms? Think about how you can safely diagnose and treat a patient presenting with some of the symptoms in the article. If you can, look at the section on heartburn and dyspepsia in Handbook of Nonprescription Drugs, APhA Washington, which primarily covers other causes of upper abdominal pain.
- Try to find out more about the occurrence and significance of gastric erosions without symptoms.
- Revise the drugs used to eradicate *H pylori*. Find out more about the breath test. Why use ^{13}C? How does it work? How accurate are the results?
- What, if any, are the clinical differences between the four PPIs licensed for treating? (Use reference 3 as a starting point but investigate further.) List your next 50 prescriptions for PPIs. What is the frequency of each drug? Try to find out why they are prescribed. Is there any relationship between the drug and the condition? Is the choice related to clinical or financial factors?
- The article suggests discussing the potential harm of NSAIDs with patients. What would you say to a client buying ibuprofen in excessive quantities? Do you ask all clients purchasing NSAIDs whether they have any 'tummy problems'? Should you?

Evaluate

Do you feel this article has changed your approach to giving out a prescription for a PPI? Do you now know more about why doctors prescribe a specific PPI? Can you recognise drug reactions/interactions when a patient is first prescribed any of the drugs mentioned in the article?

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 4 issue, which will cover this week's CPP-accredited module, together with those in the July 14 and 21 issues.

These will cover:

- Peptic ulcer (1410)
- Baby skin conditions (1411)
- Cast studies on statins (1412)

A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

Chemist + Druggist in association with Genus Pharmaceuticals

C+D GENUS PHARMACEUTICALS

Piriton Syrup Product Information. Presentation: Syrup containing 4 mg chlorphenamine maleate in 10 ml. **Uses:** Symptomatic relief of chickenpox itch and allergic conditions including hayfever. **Dosage and administration:** *Adults:* 10 ml every 4-6 hours. *Children aged 6-12:* 5 ml every 4-6 hours. *Children aged 2-6:* 2.5 ml every 4-6 hours. *Children aged 1-2:* 2.5 ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions, tinnitis. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Pregnancy and lactation:** Consult doctor before use. **Legal category:** P. **Product licence number:** PL 00036/0088. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 150 ml £3.99. **Date of last revision:** April 2007. PIRITON,® PIRITON® Petal Device are registered trade marks of the GlaxoSmithKline group of companies.

References: 1. National statistics. The health of children and young people. http://www.statistics.gov.uk/children/downloads/asthma.pdf **2.** Beggs JP. *Clin Exp Allergy* 2004; **34**: 1507-1513 **3.** Sparks TH, Menzel A. *Int J Climatol* 2002; **22**: 1715-1725 **4.** Parikh A, Scadding GK. *BMJ* 1997; **314**: 1392 **5.** Emberlin J. The national pollen and aerobiology research unit. http://www.pollenuk.co.uk/News/jesummary.htm **6.** Met office: News release. 4 January 2007. www.metoffice.gov.uk/corporate/pressoffice/2007/pr20070104.html **7.** Mason P. *The Pharmaceutical Journal* 2003; **270**: 443-445 **8.** Allergy UK. http://www.allergyuk.org/allergy_whatis.aspx

A Practical Approach...

A woman comes into the Update Pharmacy and asks to see the pharmacist. When David Spencer comes out she says: "Hello. Do you remember me?"

"I'm afraid not," David replies. "Can you remind me who you are?"

"I've only been in here once before, a few months ago. I asked for your advice about my bowel problem, and you said you thought that I might have irritable bowel syndrome."

"Oh, yes, I remember. I recommended you go to your GP, but you said that you don't like doctors and asked me to recommend an over the counter medicine for it. Did it help?"

"Yes it did. That, and your advice more or less stopped the griping pains and the constipation has eased up a lot. But I'm afraid, in spite of that, I'm not feeling too good, so I'd like your advice again."

"So what's the problem now?" says David.

"Well, I've been feeling very tired lately. I've had some dizzy spells as well and I've actually fainted a couple of times. And I've been getting chest palpitations."

"What about your bowel symptoms? Any changes there?" David asks.

"Well, yes. When I said the constipation had eased, it's actually gone the other way and I've got more or less constant diarrhoea."

"To tell you the truth I'm quite worried," says David, "Your symptoms may be nothing, but I'm afraid they suggest the possibility of something serious. I must insist you go to see your doctor as soon as possible."

Questions

1. What condition might the woman's tiredness etc suggest?
2. In the context of what David already knows about the woman, of what other condition might this be a warning sign?
3. What are the other alarm symptoms of this condition?
4. What public health development is taking place in relation to this condition and why is it of particular significance to pharmacy?

Answers →

CPD This article can help in the following CPD competencies: G1a, C4k. See www.tinyurl.com/194zu

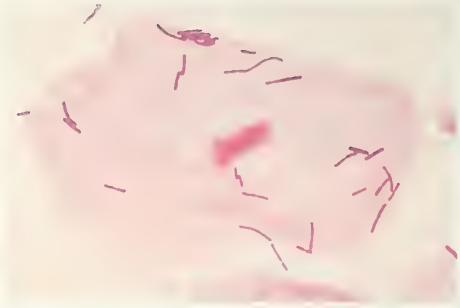
Probiotics cut anti-biotics diarrhoea

Consuming a probiotic drink containing *L casei, L bulgaricus* and *S thermophilus* can reduce the incidence of diarrhoea associated with antibiotic treatment and with *C difficile*, a small study published in the BMJ has suggested.

The study of 135 elderly patients taking antibiotics showed that consuming 100g of the probiotic drink daily during their antibiotic courses and for a week after reduced the risk of diarrhoea by 21.6 per cent compared with the non-intervention arm.

The number needed to treat to prevent one case of diarrhoea was five.

Further, no patients in the intervention arm had diarrhoea due to *C difficile*.



Probiotics containing lactobacillus (above) may reduce diarrhoea in patients taking antibiotics

For more information:
http://www.bmj.com/cgi/content/abstract/bmj.39231.599815.55v1

Weighing portions helps weight loss

A controlled clinical trial has suggested that weighing portions using a portion control plate can help obese patients with diabetes lose weight.

Published in the Archives of Internal Medicine, the study of 130 obese patients with diabetes showed the intervention group lost more weight than the controls, who were given usual dietary instruction.

In addition, 25 per cent of the intervention group were able to reduce their diabetes treatment.

For more information:
http://archinte.ama-assn.org/

Lactose intolerance 'is common'

An editorial in the BMJ this week has argued that lactose intolerance is common, and can be diagnosed clinically.

The authors assert that primary lactose intolerance due to a deficiency in lactase is found in 25 per cent of people in Europe, and is seen in high proportions of people of Hispanic, South Indian and African origin and in Ashkenazy Jews, and is seen in almost all Asians and American Indians.

Secondary intolerance also arises on a temporary basis in non-intolerant patients following gut infection.

The article goes on to describe how patients with primary intolerance can reduce their milk intake to below their tolerance level. Most patients were said to be able to tolerate up to 240ml of milk equivalent to 12g of lactose without developing symptoms.

For more information:
BMJ 2007;334:1331-1332

A Practical Approach... this week's answers

1. Anaemia.
2. Colon cancer.
3. A persistent change in bowel habit, particularly going more often or passing looser stools for several weeks (as the woman has reported); bleeding from the anus with no obvious reason; abdominal pain, particularly if severe; and a definite palpable right-sided mass.
4. A programme for the early detection of bowel cancer, in which screening kits are being sent by post to all older people, started earlier this year in England and Scotland. It will begin in Wales in 2008. A bowel cancer awareness campaign is currently being piloted in nearly 1,000 pharmacies in 11 primary care trusts in England.

Antipsychotic gets EU approval

The Janssen-Cilag atypical once-daily antipsychotic paliperidone (Invega) has been granted market authorisation in Europe.

The company reported that in studies paliperidone prolonged-release tablets significantly reduced schizophrenia symptoms as early as the fourth day after treatment was initiated. Patient functioning also improved.

The studies also showed paliperidone prolonged-release tablets to be generally safe and well tolerated with extrapyramidal side effects and weight gain comparable to placebo at the recommended dose of 6mg.

A longer-term study showed the treatment was effective in preventing symptoms from recurring, and a further study in elderly patients showed that treatment with paliperidone was well tolerated in a group of patients known to be vulnerable to side effects.

The antipsychotic is in a 6mg prolonged-release tablet to be taken in the morning with or without food.

Paliperidone is not expected to cause clinically significant drug interactions because it is not extensively metabolised by the liver, and is excreted largely unchanged through the kidneys.

SPC changes and MHRA alerts
Details of this week's SPC changes and MHRA alerts are now available at www.dotpharmacy.com/alerts or get them sent to you by signing up for **C+D's free weekly** newsletter now at www.dotpharmacy.com/newsbulletins

In brief

The conditions for P supply of chloramphenicol now include 1 per cent eye ointment as well as 0.5 per cent eyedrops, the MHRA has announced.

Nice has given its approval for alteplase to be used in acute stroke, so long as the physicians concerned have the relevant training and experience. www.nice.org.uk

Two large studies published in the New England Journal of Medicine suggest that SSRI use in pregnancy is not a significant cause of deformity. http://content.nejm.org

Draft guidance from Nice has recommended adalimumab for the treatment of active psoriatic arthritis in patients who have failed on two standard DMARDs. www.nice.org.uk

Tots earn their stripes with Aquafresh

A children's range has been launched under the Aquafresh oralcare brand from GSK. The move aims to encourage trade-up to premium products while creating additional purchases specifically for children.

There are three age-tailored options offering paste and brushes. For 0 to three year olds, Milk Teeth (previously Macleans Milk Teeth) paste offers the lowest fluoride level at 500ppm. The corresponding brush features blue indicator bristles to show how much paste should be used. Little Teeth paste for four to six year olds has a fluoride level of 1,000ppm. Matching brushes have

soft bristles and an animal-shaped clip-on bristle protector. For the over six age group, Big Teeth (1,400ppm F), as well as paste and brushes, introduces an antibacterial mouthwash.

The brand's signature stripes are introduced as children progress through the variants, moving from one in Milk Teeth through to three in Big Teeth paste.

To support the products, GSK is planning a £2 million through the line marketing package. Milk Teeth will be introduced to new mums through the Bounty Bag scheme.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637
Prices and Pip codes: see C+D Monthly Price List

Oilatum's new scalp option

Oilatum Scalp Intensive shampoo has been launched. Described as a 'maximum strength' formulation, the product can be used to treat more serious scalp conditions, says manufacturer Stiefel.

Antifungal agent ciclopirox olamine is included to fight fungi associated with flaky scalp conditions. Salicylic acid aids removal of flakes, panthenol nourishes and conditions the scalp and menthol soothes.

The shampoo is said to improve scalp conditions from the first day of use.

Price: £9.99/100ml
Pip code: 326-1054
Stiefel
Tel: 01628 524966

Nelsons wipes hit the bottom line

Soothing Hygienic Wipes for sufferers of haemorrhoids have been launched by Nelsons, creating a new brand, H+care.

The biodegradable, flushable wipes can be used in place of toilet tissue and prior to the application of piles treatments. Plant extracts include horse chestnut, peony, witch hazel and calendula to soothe itching and irritation. The wipes are perfume and parabens free.

Price: £3.99/40
Pip code: 327-0501
Nelsons
Tel: 0800 289 515

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Brighter Business Saving		£682	£321
Saving %		50%	32%

Comparative quotes obtained for a toy shop in London with a turnover of £150,000, four employees and past 3 years' no claims history. Source: Independent research completed by Incite Marketing Planning, January 2007.

To make a positive change for your business call 0800 032 9043 or visit www.brighterbusiness.co.uk/retail

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* Subject to underwriting criteria, terms and conditions apply. For full terms and conditions please go to www.brighterbusiness.co.uk. Information correct at time of going to press.

Simple dishes the dirt on TV

Skincare brand Simple is sponsoring the US TV series DIRT beginning on British TV this week.

Featuring Courteney Cox as an editor of a glossy celebrity tabloid, the 13-episode series will be seen on the digital Five US channel. It is expected to appeal to a largely female audience.

Product info:
Accantia
Tel: 01213274750

Products in brief

Out of stock

Ocuvite PreserVision is currently out of stock. PreserVision Original soft gels can be substituted to meet the demand for the product, says Bausch & Lomb.
Bausch & Lomb, tel: 01748 828 781

Stub it out

Pharmacy chain Rowlands is hoping to attract smokers spurred into a quit attempt by the new smoking ban in England. A 40 per cent discount on NRT products coupled with point of sale displays are being used as bait.
www.rowlandspharmacy.co.uk

Online health hints from TCP

Antiseptic brand TCP has launched a website. Information to be found there includes advice on treating cuts and grazes, insect bites and stings, minor burns and scalds, sore throats and mouth ulcers.

The TCP range includes liquid, cream, ointment, throat lozenge and spray plaster formats, all detailed on the site.

Product info:
Chefaro
Tel: 01480 421800
www.tcp-first-aid.co.uk

Products advertised on TV next week

Bepanthen: All areas
Canesten: All areas
DulcoEase: GMTV, Sat, five
Frontline: GMTV, Sat, five
Kool 'N Soothe Migraine: C4, five
Nicorette: All areas
Rennie Dual Action: All areas
TCP Spray Plastier: GMTV, Sat, five
Vagisil: All areas
Wartner: G, Y, C, M, LWT, GMTV, Sat
PharmaSite for next week: Anadin Ultra Double Strength – Windows, **Anadin Ultra Double Strength** – In-store, **Allergan** – Dispensary
Pharmacy channel: Piriton, Eurax

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Now Oilatum offers two levels of effective scalp treatment.

Oilatum Scalp Treatment

Oilatum Scalp Intensive

Itchy, flaky scalp conditions come in all shapes and sizes, from the mild forms of irritating flaky skin to more serious persistent problems where the skin's itchiness can lead to scratched and broken skin.

Whatever a customer's scalp condition, they now have a choice of two highly effective scalp treatments. Oilatum Scalp Treatment and Oilatum Scalp Intensive.

Effective, but kind

People suffering from scalp complaints want an effective and long-lasting remedy. But what they don't like is a harsh, creosote-smelling treatment or one that they feel strips their hair of natural oils. Both Oilatum Scalp Treatment and Oilatum Scalp Intensive are kind and gentle to the hair and skin and are fragrance free.

Oilatum Scalp Treatment

Dual-action Oilatum Scalp Treatment contains ciclopirox olamine, an anti-fungal, anti-inflammatory ingredient that has been shown to improve scalp conditions immediately and over the long term. Used twice a week for a fortnight, it clears scaly skin and soothes the scalp. After that, one weekly wash is all that's usually needed to leave the scalp and hair in good condition.

Oilatum Scalp Intensive

Oilatum Scalp Intensive has all the gentle qualities of Oilatum Scalp Treatment, but comes in a maximum strength formulation to help with more serious scalp conditions. It contains the anti-fungal, anti-inflammatory ingredient ciclopirox olamine. It also has salicylic acid to remove scale, panthenol to nourish and condition the sensitive scalp and menthol to soothe soreness and redness.

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Always read the label

Adrienne de Mont FRPharms looks at the evidence for supplements for healthy eyes

Feed your eyes

An increasing number of supplements are being marketed for healthy eyes and good visual function. But what is the basis for their claims? Well, more than 100 clinical studies have investigated the effects of vitamins and minerals in protecting against cataract and age-related macular degeneration (AMD). But evidence is conflicting, and as yet there is no consensus on exactly which nutrients can prevent or delay these conditions. There are, though, some clear candidates.

A study sponsored by the US National Eye Institute – the Age-Related Eye Disease Study (AREDS)[1] – is still the definitive study for determining the vitamins and minerals that should be included in eye health supplements. The research, involving nearly 4,000 people with varying signs of AMD, found that taking a combination of antioxidants and zinc for an average of six years significantly reduced disease progression. The daily doses were:

- vitamin C 500mg
- vitamin E 400iu
- betacarotene 15mg
- zinc 80mg
- copper 2mg (to prevent anaemia from high-dose zinc).

As well as being an antioxidant, betacarotene is a precursor of vitamin A, which helps the eye adapt to darkness and is necessary for formation of photoreceptor pigments in the retina. But because betacarotene has been linked with increased risk of lung cancer in smokers, interest is now focusing on lutein – another carotenoid which is found concentrated in the eye.

Lutein from the diet is deposited in the macula, the central spot of the retina responsible for the ability to see detail. Although the body cannot naturally produce lutein, it can convert it to the stereoisomer zeaxanthin. Both compounds are believed to protect the retina by filtering out damaging blue light and by scavenging free radicals. In the retina normal metabolic processes, together with exposure to high-energy visible light, generate potentially damaging forms of oxygen known as reactive oxygen species.

Lutein is found in yellow, green and orange fruit and vegetables, especially those with dark green leaves. But you would have to eat a large bowl of spinach to obtain half the optimal daily amount. Egg yolk is another good source.[2]

Zinc is an antioxidant highly concentrated in eye tissues, particularly in the retina and choroid, the vascular area behind the retina, and is believed to be one of the most important minerals for eye function. It is thought to modify photoreceptor plasma membranes and regulate the light-rhodopsin reaction.

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In addition, zinc is essential for proper functioning of the enzymes that form part of the body's natural defences against reactive oxygen species. There is also a theory that sub-optimal zinc status may influence the development of diabetic retinopathy.

In an attempt to find a 'theoretically ideal' nutritional supplement for the eye, two optometrists at Aston University reviewed more than 100 research papers.[3] Hannah Bartlett and Frank Eperjesi aimed to identify the antioxidants most suitable for people with a family history of glaucoma, cataract or AMD, or those whose lifestyle might predispose them to these conditions such as smokers, people on a poor diet or who are exposed to high levels of sunlight.

They recommended (daily):

- vitamin C 40mg
- vitamin E 40mg (d-alpha-tocopherol equivalents)
- lutein/zeaxanthin 12mg.

These doses are much lower than those used in the AREDS study, because the researchers assumed that people might already be taking a general multivitamin or obtaining some of these nutrients from dietary sources.

And, because of potential adverse effects, the researchers thought the high dose of zinc used in the AREDS study was more appropriate for people who already had intermediate or advanced AMD rather than for use in a general formulation.

Hannah Bartlett told C+D: "It would be sensible for pharmacists to recommend that patients don't take multiple sources of zinc. It may also be advisable to check that the nutrients advised do not interact with prescribed medication."

The researchers favoured vitamin E for their 'ideal' product rather than vitamin A because E is the major antioxidant in cell membranes and is present in high amounts in the rod photoreceptors and retinal epithelium. Vitamin E is also thought to protect vitamin A in the retina from oxidative degeneration.

Four years on, the researchers stand by their original conclusions. Since then, the results of a randomised controlled trial of lutein in AMD have been published in more detail and suggest that a dose of at least 10mg daily may improve visual function in some patients.[4]

Meanwhile, the AREDS II trial is examining further the role of vitamins and zinc, with lutein 10mg/zeaxanthin 2mg and omega-3 fatty acids 1g daily.

References can be found on www.dotpharmacy.com

Continued on p36 ▶

Making use of the research

The first AREDS trial used Bausch & Lomb's PreserVision (four a day) tablets. The company has put similar daily amounts of high dose vitamin C, E and zinc in its new Preservision (two a day) soft gels, designed to delay progression of diagnosed AMD.

The Original variant contains betacarotene, while in Preservision Lutein the carotenoid is lutein so it can be taken by smokers. Ocuvite, with lower doses, is the option for people who want their apparently healthy eyes to stay that way.

ICaps, intended for people with AMD as well as those wanting to top up antioxidant levels, contain lutein and zeaxanthin with vitamins A, C and E and zinc at concentrations deliberately set above the RDA. Alcon Laboratories says: "Studies suggest such doses may be necessary to have any positive effect on eye health."

The eyes have it in Parliament

The Nice approval of new drugs to treat AMD is likely to be discussed by the All-Party Parliamentary Group on Eye Health. Pharmacist and Lib Dem MP Sandra Gidley writes:

I agreed to take over as chair about a year ago because, as my husband is now registered blind, I have become aware of the dearth of services for the visually impaired. A good part of the group's agenda is about promoting better understanding of visual impairment and greater social inclusion, and correcting anomalies in the benefits system.

I would like to have some focus on general eye health and the role of optometrists. This has not formed a large part of the agenda in the past but I do have a certain fondness for health professionals in the high street!

I like to try to improve attendance by holding joint meetings with other all-party groups and a meeting with the diabetes group is being planned. It is difficult to see an obvious joint meeting with the all-party pharmacy group, but I do feel strongly that pharmacists should receive more training in eye health. I can recall one lecture on the structure but nothing very holistic about diseases of the eye or diagnosis. GPs suffer the same poor knowledge, and problems such as iritis are not diagnosed as soon as they should be.

As well as services for the visually impaired, recent meetings have looked at linking with the RNIB campaign to change the exclusion of blind people from the higher rate mobility component of Disability Living Allowance and discussion of the impact of Independent Sector Treatment Centres on the viability of specialist eye units.

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murine eyes
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Other nutrients that can help with eye health

Other nutrients claimed to be beneficial include:
- Bilberry (anthocyanosides) may improve the microcirculation and thus oxygen supply to the eye. Studies suggest that bilberry extract accelerates regeneration of rhodopsin, the protein used by the rods in the retina for night vision.
- Omega-3 fatty acids help maintain healthy blood vessels. Docosahexanoic acid (DHA) has been shown to influence the function of the retina. The membranes of the rod and cone photoreceptors contain phospholipids esterified with high concentrations of DHA. Their use is being evaluated in AREDS II.
- Vitamin A (retinol) helps vision in dim light. Chronic deficiency can lead to dryness and inflammation of the conjunctiva and cornea. The resulting change in eye structure, xerophthalmia, is a major cause of blindness in developing countries.
- B vitamins are essential for the correct functioning of the optic nerve (and nerves in general). Deficiency of B vitamins, together with other factors such as smoking and alcohol abuse, can lead to optic neuropathy. A key sign of vitamin B_2 deficiency is itchy, irritated eyes. B vitamins have been linked with a reduced risk of cataract but the Aston researchers (see p34) think there is not enough evidence for inclusion in specific eye health supplements.

What is AMD?

Age-related macular degeneration is the leading cause of sight loss in people over 65 in the UK. A painless condition, it affects the macula – a spot near the middle of the retina responsible for central vision and the ability to see detail.

AMD occurs when the layer of the retina that nourishes the macula's light sensitive rod and cone cells starts to function less effectively with age. Cells in the macula break down and waste accumulates, causing loss of sight in the central field of vision.

Objects appear blurred, distorted or disappear into black patches, and straight lines become wavy. This makes it difficult to read, write, drive and recognise faces. Most people with AMD retain some peripheral vision, which helps them maintain independence.

Risk factors in addition to age include a diet deficient in antioxidants, smoking, excessive alcohol and exposure to sunlight.

Left: the progressively deteriorating eyesight of an AMD sufferer

There are two forms of AMD – dry and wet. Dry AMD, which results from a gradual deterioration of the macula, is the most common. Small yellow fatty deposits called drusen can be detected under the retina. If the disease develops in one eye, there is a high risk it will affect the other.

Wet AMD occurs when tiny abnormal blood vessels from the choroid invade the retina, damaging the macula and causing a more sudden loss of vision.

Advances in surgery are offering hope in dry AMD, which has hitherto been incurable. One option involves transplanting a tiny telescope in the eye to focus light away from the macula to a healthy part of the retina. Another study, expected to take at least five years, will examine the possibility of transplanting healthy cells (retinal pigment epithelium) into the diseased retina.

Wet AMD may be treatable in some patients using photodynamic therapy with injected verteporfin (Visudyne), which is taken up by new blood vessels in the eye. When activated by laser, the drug destroys the abnormal vessels.

Ranibizumab (Lucentis) and pegaptanib (Macugen), given by injection into the eye, attack unwanted blood vessels by reducing the activity of vascular endothelial growth factors. The Nice Appraisal Committee's preliminary recommendation is that treatment with ranibizumab is cost effective for some patients but pegaptanib is not. The closing date for consultation was this week.

The Macular Disease Society 0800 328 2849. www.maculardisease.org

Products

Opticare eye drop dispensers include a new bottle adaptor suitable for all leading brands of glaucoma eye drops. This compliance aid helps users target drops without touching their eyes and enables rigid plastic bottles to be squeezed in a controlled way with minimum pressure. The adaptor is provided in all new Opticare packs ordered from Cameron Graham and is available separately for an additional £1 including postage. For patient leaflets on good application technique phone 01484 667822 or visit www.opticare.org.uk

To promote the **Systane** range for dry eyes, Alcon UK is targeting ophthalmologists with direct mail and conference attendance, and consumers with public relations.

The **Murine** range of daily use eye drops now comprises wet & clean to improve the comfort of all types of contact lenses. Bright & moist contains moisturisers and helps whiten the eyes; dry & tired helps soothe 'gritty' feelings.

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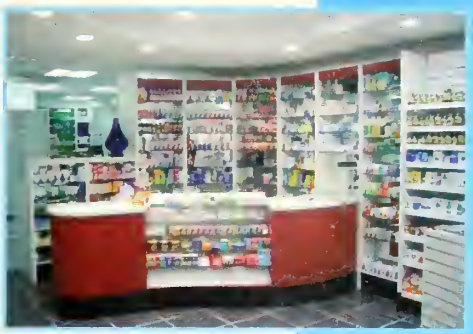

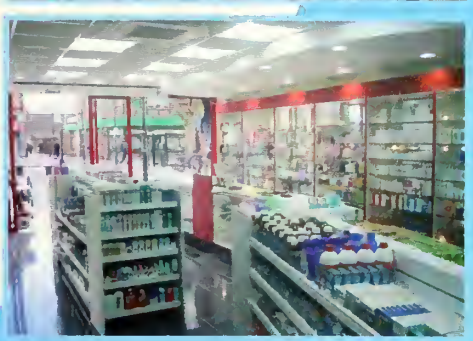

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From: **Hawkeye on the web**

Date: **Sat 07.07.07**

Subject: **Disconnected**

Tom Hawkins
C+D online editor

Staring blankly into my laptop this week, it became clear that something important is missing from my life.

I'm not talking about the casualties from our house move over the weekend, which were the kind of things I'm not particularly sorry to see go – aren't all vases pretty much the same? No, I'm talking about something much more fundamental – the internet. I've taken it for granted for such a long time that a whole electronic world (including electronic post and electronic shops!) is just a click away, that I'm finding it a little uncomfortable sitting in a new home, disconnected from cyberspace.

It's not until the wireless router gets unplugged that you realise just how important the information in the ether is to the way we work and live. Whether it's communicating via Hotmail, searching for something on Google or choosing your holiday novel from Amazon, the internet is usually our first port of call. Later this month we'll even be able to download the programmes we want to watch from the BBC when it launches its iPlayer on-demand service.

In pharmacy, the internet is expanding the capabilities of the profession. In a vision of the not too distant future, electronic prescriptions will be whizzing down the cables alongside patient records, updated drug information and a multiplicity of other data.

It's not until the wireless router gets unplugged that you realise how important the information in the ether is to the way we work and live

Monkey magic: The NPA's MySpace page

As the good people of pharmacy embrace the online world, we would like you to tell us which websites are most important to you. What's the bookmark you couldn't live without? Is your life organised at www.43folders.com? Are you addicted to eBay? Are you on Facebook or, like th NPA, are you more of an Arctic Monkeys-listenin MySpace kind of person?

Email me your favourites by July 10. Hopefully by then I'll be a card-holding internet citizen again, although I'm not too hopeful. I've now been on hold with BT for seven minutes and the irony of the polite automated voice telling me to check the website for more information is not tickling my funny bone. Looks like it's another earl start in the office tomorrow.

Email thawkins@cmpmedica.com with your favourite websites and the most interesting will receive a bottle of Veuv Clicquot bubbly

... what's new on the C+D website ...

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And if you sign up between July 8 and August 1 you will be entered into a free prize draw to win £200 in **John Lewis vouchers**.

Breaking news...
The breaking news is that from this week you can get, er, breaking news on C+D's website. Every day we will publish the top stories in pharmacy, making sure you're up to date with all the essential clinical and professional developments.

The Plonker and Bon Viveur
As Hawkeye has taken up weekly residency on C+D's back page, you can now find The Plonker and Bon Viveur online at www.dotpharmacy.com

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Next week: A censored look at the foul-mouthed rantings posted by pharmacy's bloggers

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†Based on the Mi[illegible]

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusis, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. **2.** Jorenby DE *et al.* JAMA 2006; 296:56-63. **3.** Tonstad S *et al.* JAMA 2006; 296:64-71. **4.** Coe JW. J Med Chem 2005; 48:3474-3477. 5. Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. 6. CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006

Pfizer

New oral prescription medicine

CHAMPIX
varenicline tartrate